

D.I. # _____

CIVIL ACTION**NUMBER:** 08-247 SLRU.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JAMES A. MONTGOMERY</u> C. Date of Delivery <u>6/5</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>WARDEN PERRY PHELPS DELAWARE CORRECTIONAL CENTER 1181 PADDOCK ROAD SMYRNA, DE 19977</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7007 3020 0002 3321 4318</p>		<p>2008 JUN 6 9 42 AM U.S. DISTRICT COURT DISTRICT OF DELAWARE FILED</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540